Complete and send this form, together wi oplicable fee(s), to: Mail

Mail Stop ISSU- EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

SUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

A154-	10017-2023	016	have its own certificat	mailing can only be used for its certificate cannot be used for all paper, such as an assignment of final paper, such as an assignment of final paper, such as an assignment of final such as a second of final such as a such as	-iodon
FC:1501 FC:1504	1400.00 OP	MADEMARY	5/4/05 4	Via Fax	(Date)
FC: ADDICATION NO.	FILING DATE 00 OP	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,936	07/28/2003	Akiko K	itami	03433/LH	7509
TITLE OF INVENTION: II	nk-jet recording appai	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUIS	DATE DUB
APPLN, TYPE	SMALL ENTITY				
APPLN, TYPE	SMALL ENTITY NO	\$1400	\$300	\$1700	05/09/2005
nonprovisional		51400 ART UNIT	\$300 CLASS-SUBCLASS	\$1700	05/09/2005

Address form PTO/SB/122) attached. Address form PTO/SB/122) attached. Free Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO	data will appear on the patent. If an assignee is menuned below, the document has been free the Ta substitute for filing an assignment.			
(A) NAME OF ASSIGNEE	B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Konica Corporation n T	okyo, Japan			
Please check the appropriate assignee category or categories (will not be p	rinted on the patent):			
4a. The following fcc(s) are enclosed:	b, Payment of Fcc(s):			
Plssuc Fee	A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small cutity discount permitted)	Expayment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies	Deposit Account Number 06-1378 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
The Director of the USPTO is requested to apply the Issue Fee and Public NOTE: The Issue Fee and Publication Fee (if required) will not be accept interest as shown by the records of the United States Teach and Trademer	ation Fcc (if any) or to re-apply any previously paid issue fee to the application identified above, ed from anyone other than the applicant, a registered attorney or agent, or the assignce or other party in & Office.			
Authorized Signature	Date 5/4/05			
Typed or printed name Leonard Holtz	Registration No. 22,974			
an application. Confidentianty is governed by 35 U.S. 122 miles with mitting the completed application form to the USPTO. Time will various form and/or suggestions for reducing this burden, should be sent to t Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR	ion is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) of 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and by depending upon the individual case. Any comments on the amount of time you require to complete the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, respond to a collection of information unless it displays a valid OMB control number.			

PAGE 1/3 * RCVD AT 5/4/2005 1:17:21 PM [Eastern Daylight Time] * SYR:USPTO-EFXRF-2/0 * DNIS:7464000 * CSID:+1 212 319 5101 * DURATION (mm-ss):01-30

BATER THE WAR

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.